

FIG. 1

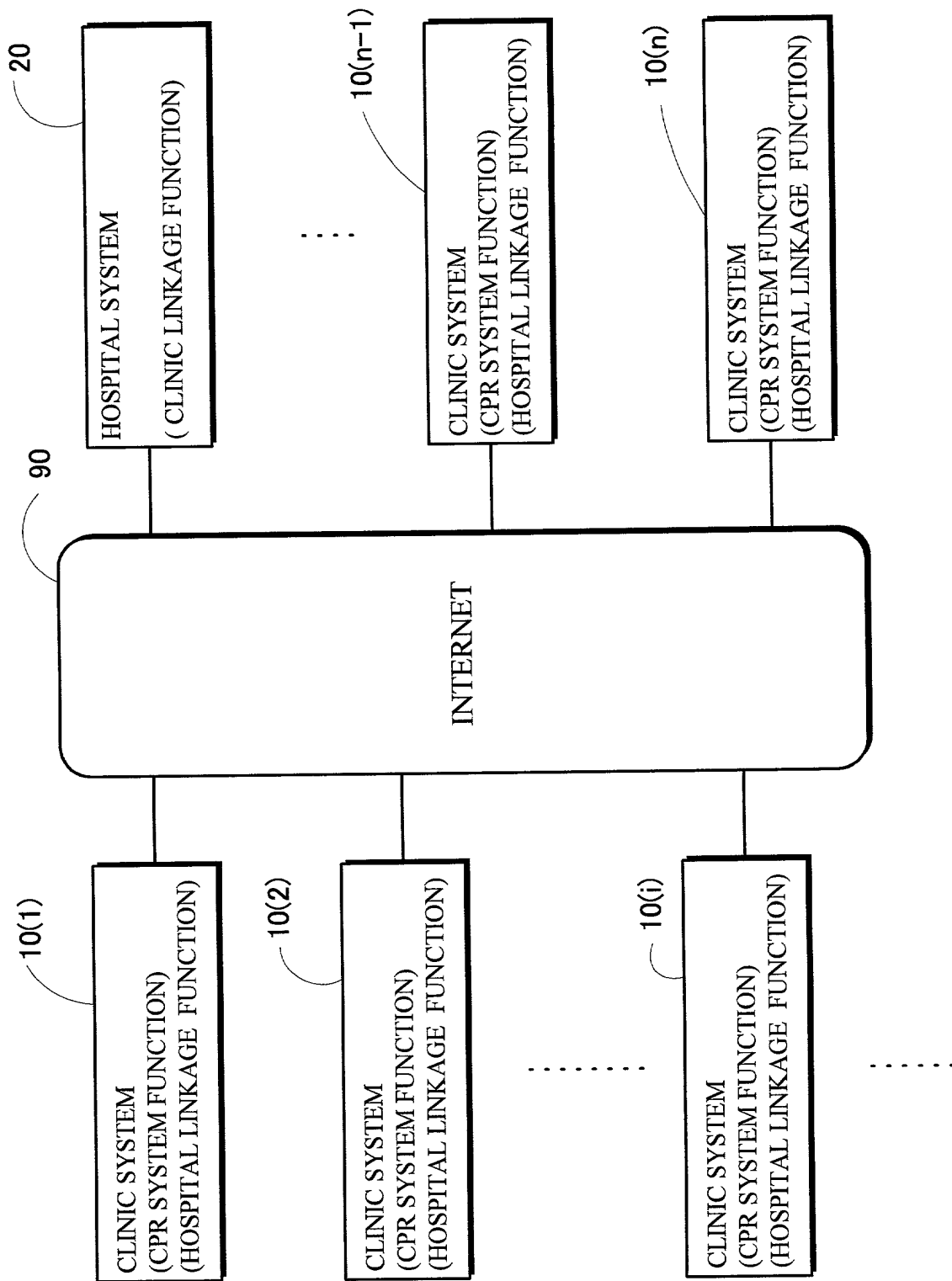


FIG. 2

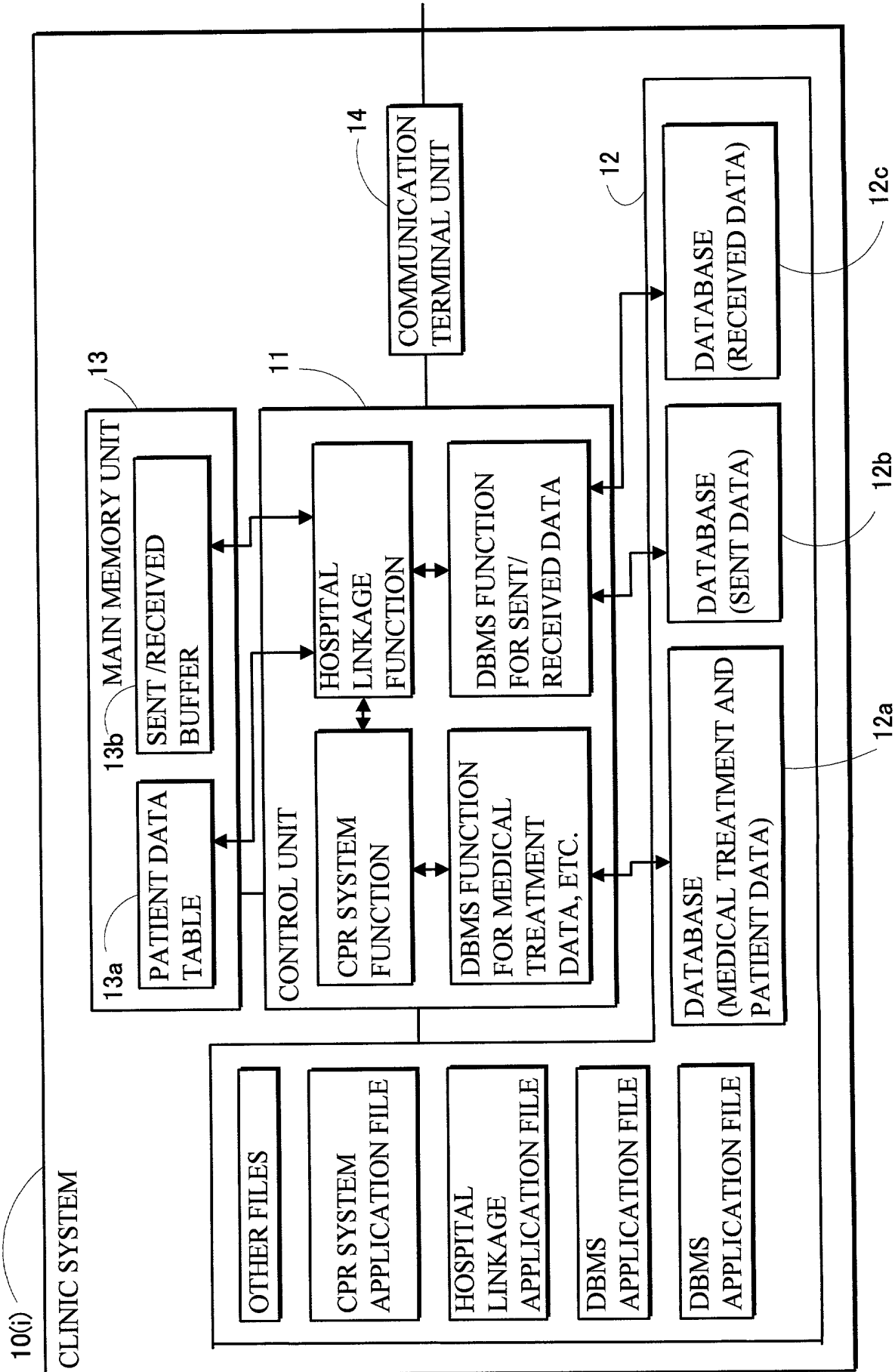


FIG. 3

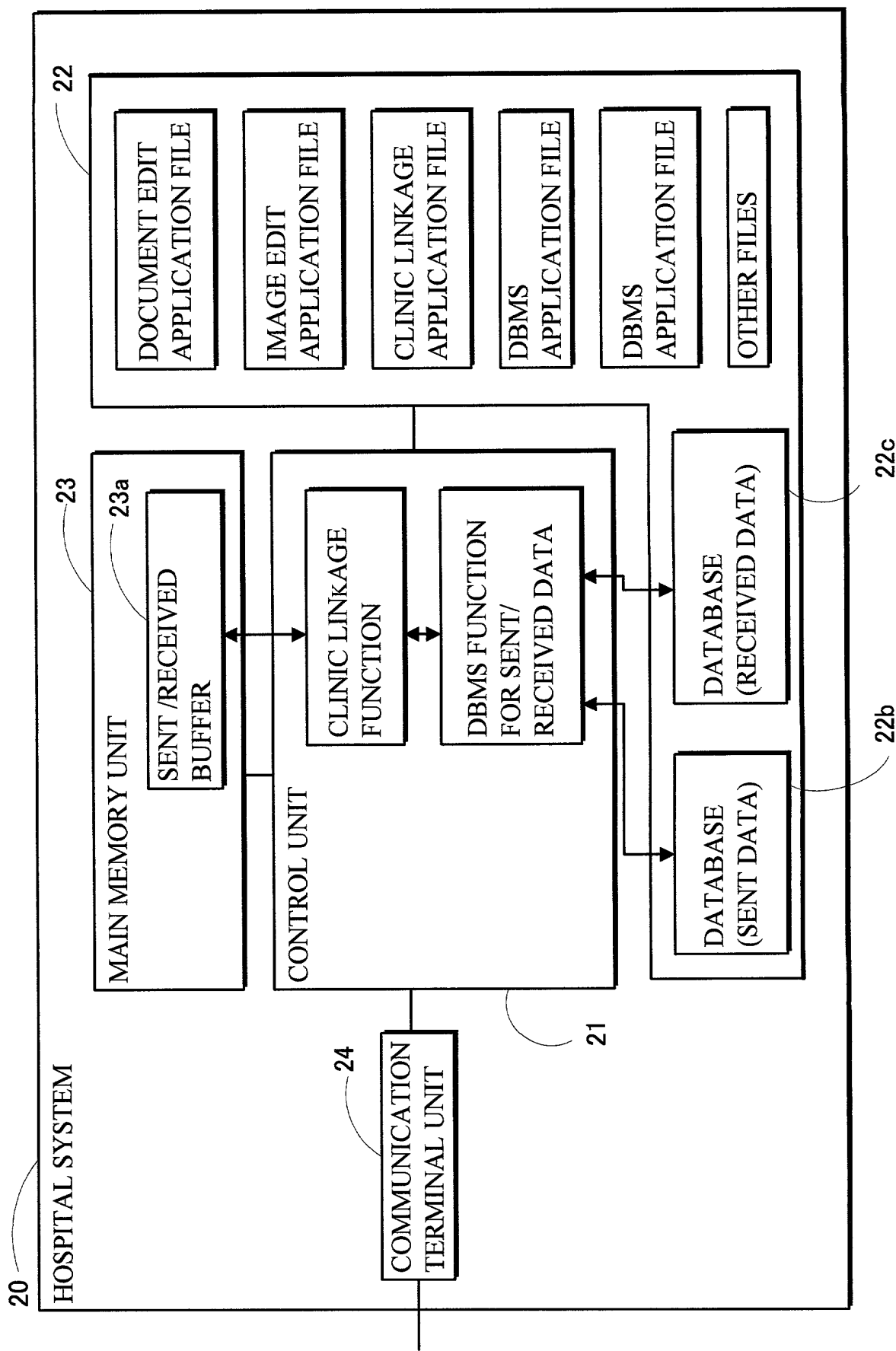


FIG. 5

DATABASE (SENT DATA)				KEY ← - - - - -		22b
E-MAIL ID	SUBJECT	REPLIED-TO ID	REPLIED-FROM ID	REPLY CONTENTS	ATTACHMENT DATA	
1	About Symptoms Of Liver Disease	i-2	100	.....	.....
1	About Degree Of Kidney Disease	i-1	100	.....	.....
1	About Symptoms Of Diabetes	i	100	.....	.....
1	About Symptoms Of Liver Test Results	i+1	100	.....	.....

DATABASE (RECEIVED DATA)				KEY	22c	
E-MAIL ID	SUBJECT	RECEIVER ID	SENT-FROM ID	INQUIRY CONTENTS	CHIEF COMPLAINT AND PRESENT ILLNESS	
1	About Symptoms Of Liver Disease	100	i-2	.....	.....
1	About Degree Of Kidney Disease	100	i-1	.....	.....
1	About Symptoms Of Diabetes	100	i	.....	.....
1	About Symptoms Of Liver Test Results	100	i+1	.....	.....

FIG. 6

PATIENT DATA TABLE (PATIENT ID = j)

DATA NAME	PERMIT/PROHIBIT (DO/NOT DO) <SENDING AND EDITING>	DATA CONTENTS
NAME	Permit	KAWANO Ikuko
NAME IN SYLLABLE	Permit	Ka-wa-no I-ku-ko
SEX	Permit	Female
DATE OF BIRTH	Permit	05/05/80
AGE	Permit	20
OCCUPATION	Permit	student

DATABASE (MEDICAL TREATMENT AND PATIENT DATA)

PATIENT ID	NAME	NAME IN SYLLABLE	SEX	DATE OF BIRTH	AGE	OCCUPATION	PHONE	ADDRESS
j-1	TANAKA Yosiko	Ta-na-ka Yo-si-ko	Female	06/12/70	30	Housewife	.....	.....
j	KAWANO Ikuko	Ka-wa-no I-ku-ko	Female	05/05/80	20	Student	.....	.....
j+1	SUZUKI Taro	Su-zu-ki Ta-ro	Male	10/10/75	24	Company employee	.....	.....

FIG. 7

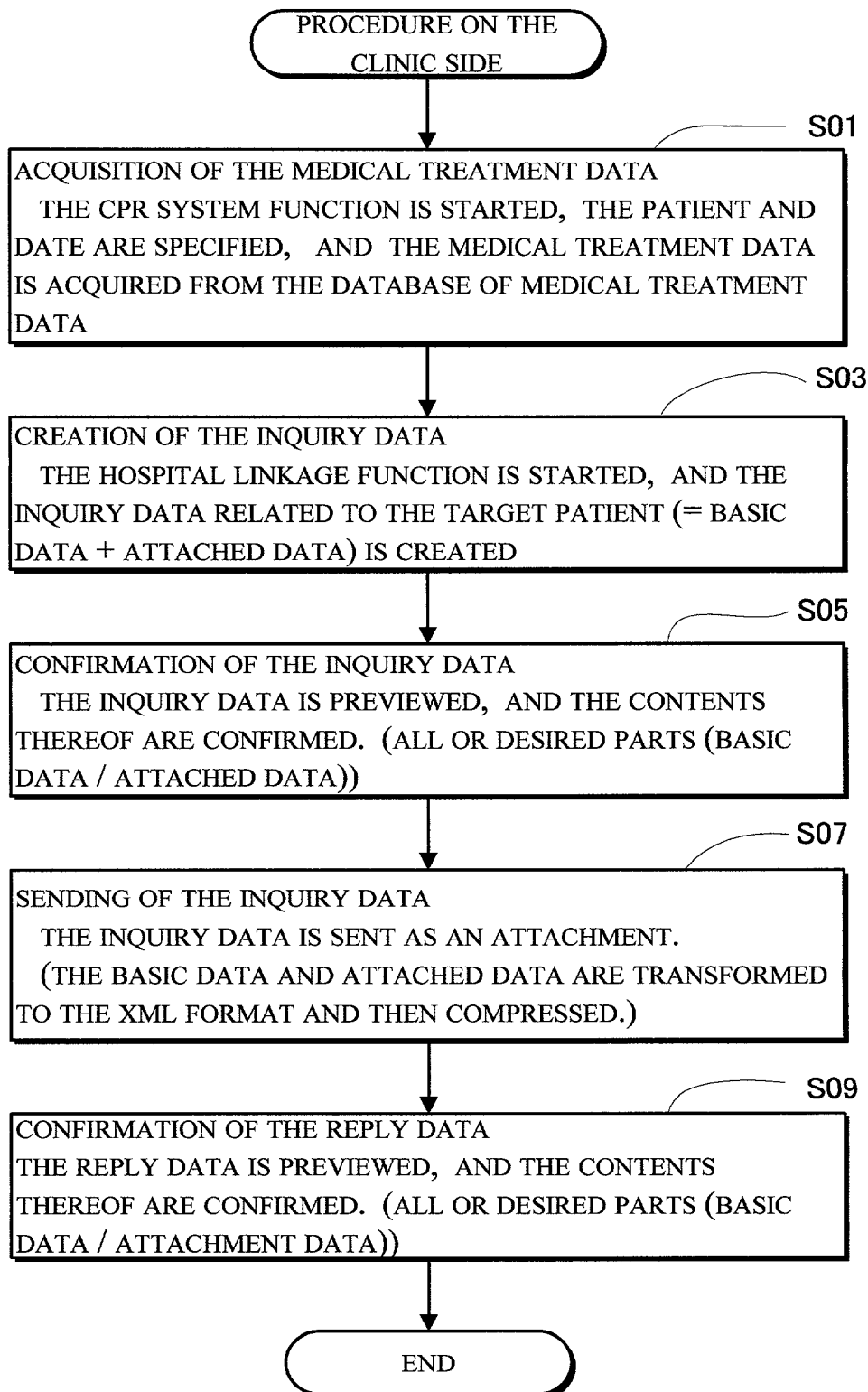


FIG. 8

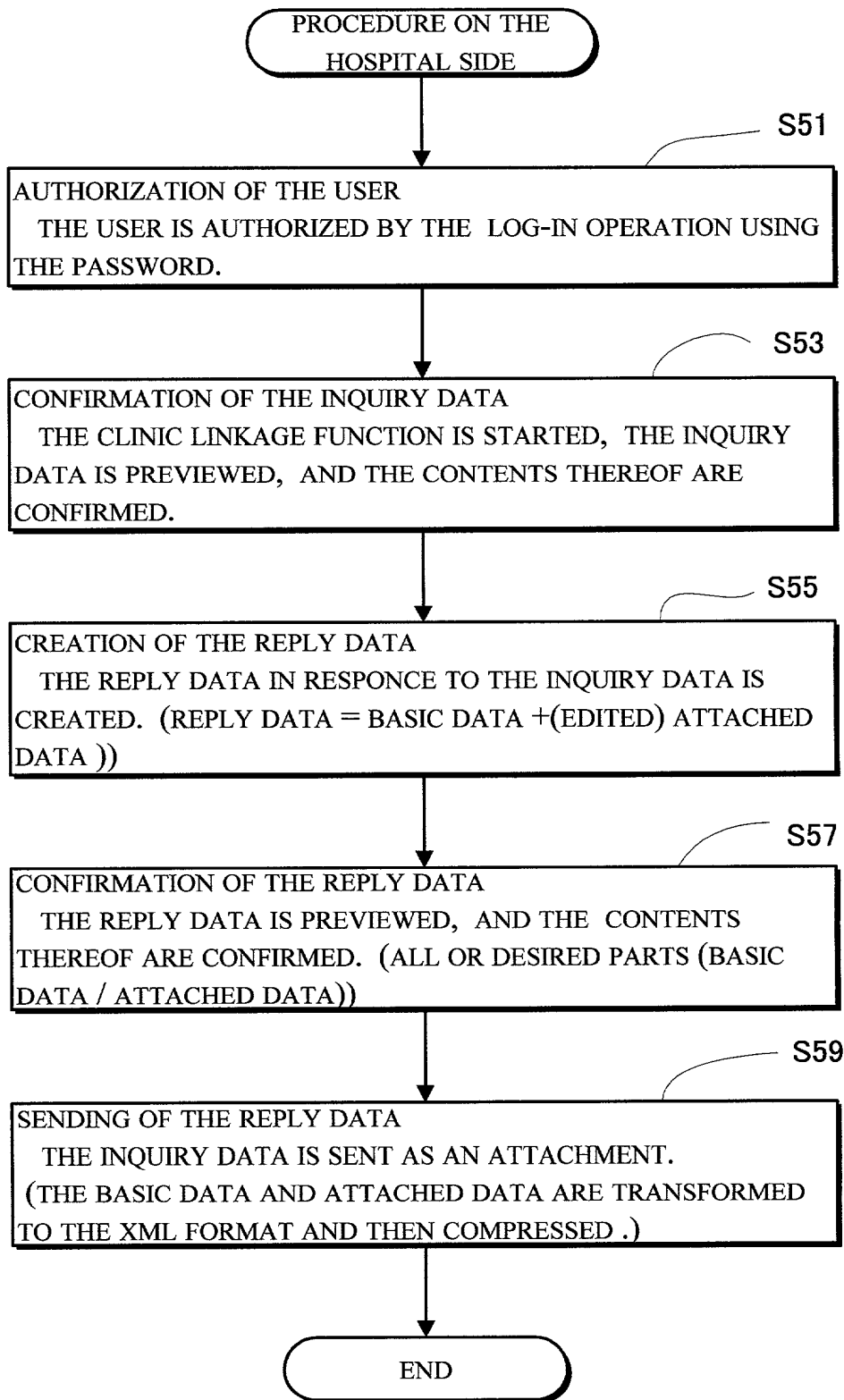


FIG. 9(a)

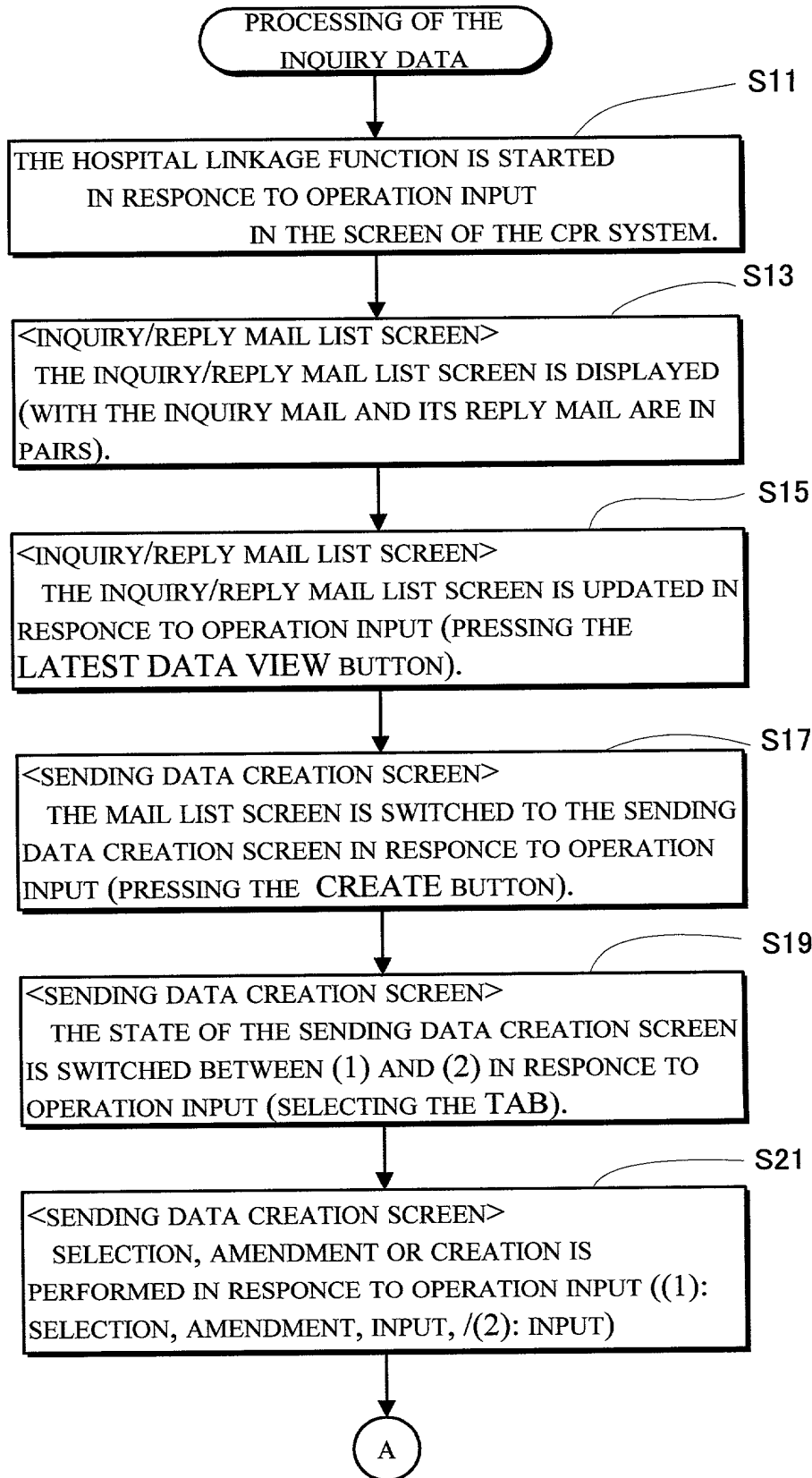


FIG. 9(b)

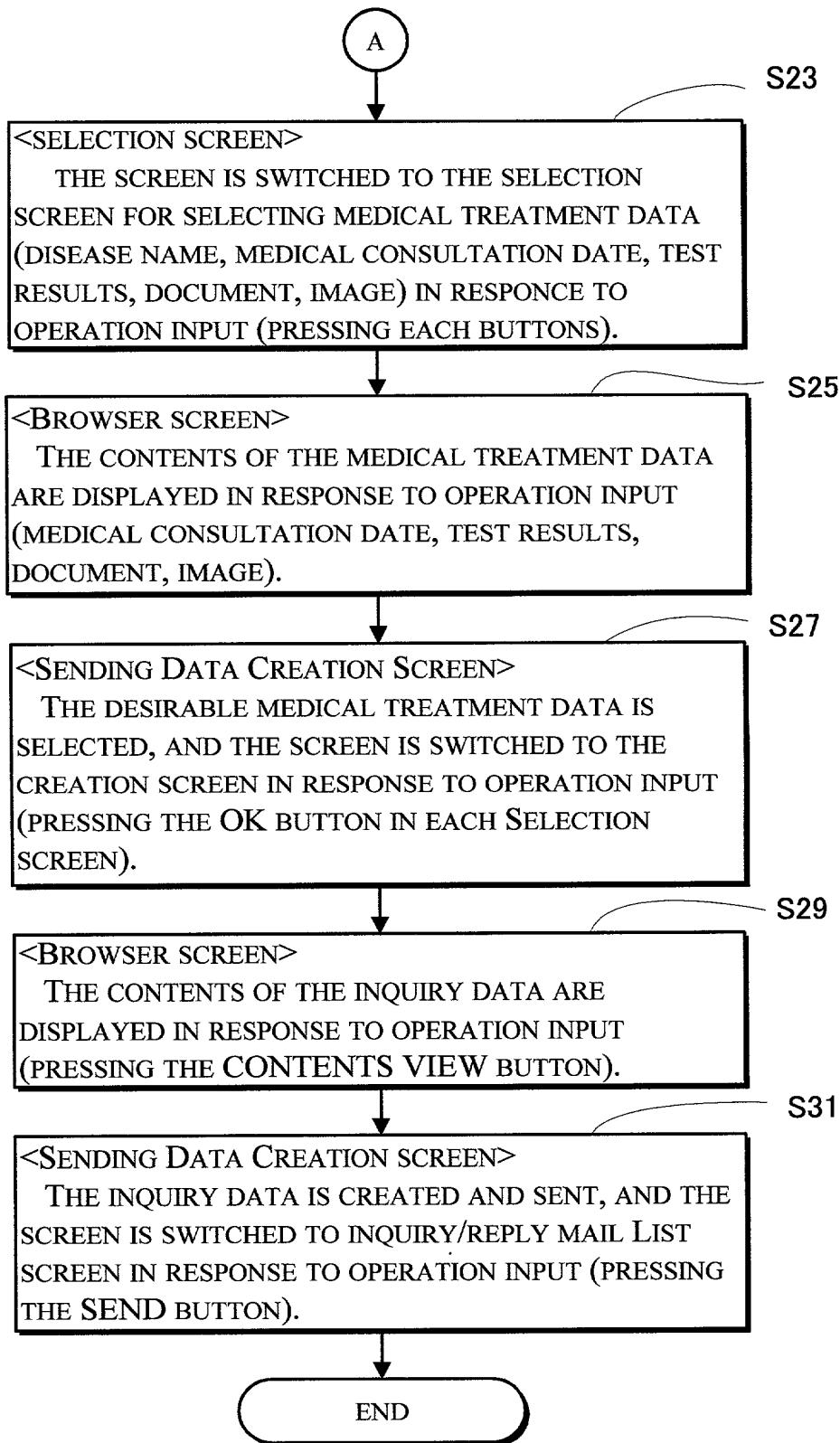


FIG. 10(a)

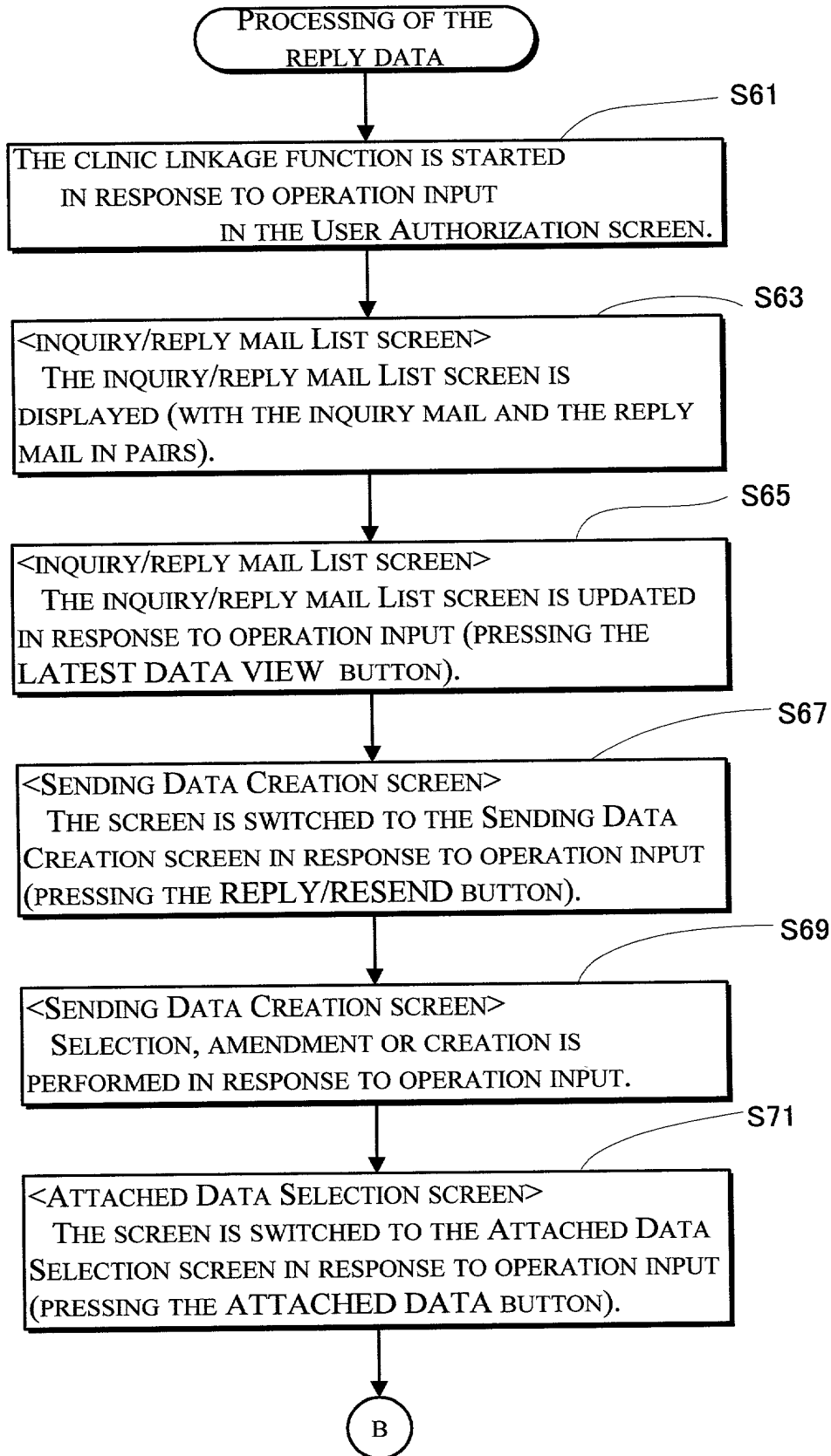
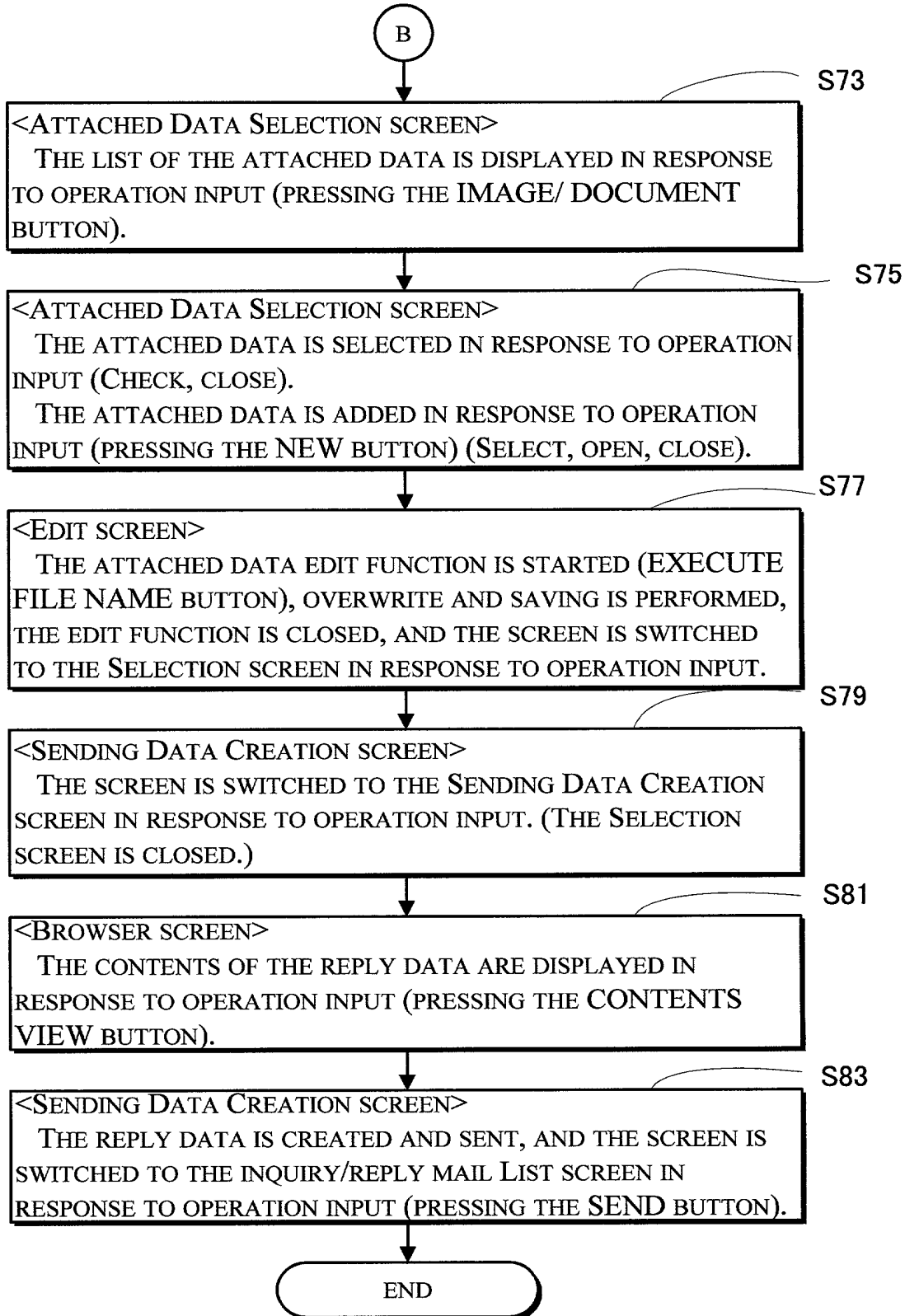


FIG. 10(b)



INQUIRY/REPLY MAIL LIST SCREEN (CLINIC SIDE)

HOSPITAL - CLINIC LINKAGE SYSTEM						
HOSPITAL - CLINIC LINKAGE SYSTEM (CLINIC SIDE)						
	PATIENT NAME	SUBJECT	MEDICAL INSTITUTION NAME	INQUIRER / REPLIER	SENDING DATE AND TIME	
SENDING	IWATA Tadashi	About Symptoms Of Diabetes	SATO CLINIC	Dr. SATO	09:56/22.06.01	
RECEIVING			NAGOYA HOSPITAL	Dr. SUZUKI	10:01/22.06.01	
SENDING	KUMAGAI Tomoko	Confirmation Of Test Results	SATO CLINIC	Dr. SATO	09:58/22.06.01	
RECEIVING			NAGOYA HOSPITAL	Dr. SUZUKI	10:01/22.06.01	
SENDING	UENO Hiroko	Confirmation Of Electrocardiogram	SATO CLINIC	Dr. SATO	10:02/22.06.01	
RECEIVING						
SENDING	IWATA Tadashi	About This Patient	SATO CLINIC	Dr. SATO	10:32/27.06.01	

Sending Date And Time ▾
 All Display ▾

FIG. 12

SENDING DATA CREATION SCREEN (TAB (1) STATE, CLINIC SIDE)

SENDING DATA CREATION

SENDING DATA CREATION

BASIC DATA (1)

PATIENT SELECTION

TANAKA Yoshiko

INFORMATION OF THE PATIENT

NAME

TANAKA Yoshiko

NAME IN SYLLABLE

Ta-na-ka Yo-shi-ko

SEX

Female

DATE OF BIRTH

06.12.1970

AGE

30

OCCUPATION

Housewife

BASIC DATA (2)

SENT TO

MEDICAL INSTITUTION

NAGOYA HOSPITAL

DOCTOR NAME

Dr. SUZUKI

SENT FROM

MEDICAL INSTITUTION

SATO CLINIC

ADDRESS

2-11, Oote 2-Chome, Higashi-Ku, Toyota-Shi, Aichi 460-0213

PHONE

0565-32-6548

DOCTOR NAME

Dr. SATO

SPECIALTY

internal medicine

ATTACHED DATA

DISEASE NAME

CONSULTATION DATE

TEST RESULTS

DOCUMENT

IMAGE

CONTENTS VIEW

SEND

CANCEL

FIG. 13

SENDING DATA CREATION SCREEN (TAB (2) STATE, CLINIC SIDE)

SENDING DATA CREATION

SENDING DATA CREATION

BASIC DATA (1)

BASIC DATA (2)

SUBJECT

Please give us your opinion on our diagnosis of this disease.

CHIEF COMPLAINT AND PRESENT ILLNESS

Chief complaint: Chest pain for a month (strong)

Present illness: None

Body data

Temperature: 35.9°C

Blood pressure: 115-88

Weight: 48.5kg

Height: 158cm

Gravida: 1

PROGRESS

The initial pain has been feeble and continued for these 6 months or so. The patient has not received any medical treatment but watched the development. The pain with chest squeeze has been increasingly growing.

INQUIRY/CONTENTS

About the cloud at the right chest of the photo, lung cancer is suspicious. The clinical history and the chest X-ray photograph image data are attached hereto. Please give us your opinion on our diagnosis.

OTHERS

Please give us additional comments, if any.

ATTACHED DATA

DISEASE NAME

CONSULTATION DATE

TEST RESULTS

DOCUMENT

IMAGE

CONTENTS VIEW

SEND

CANCEL

FIG. 14

DISEASE NAME SELECTION SCREEN

DISEASE NAME SELECTION

DISEASE NAME SELECTION

SELECTION

☐
☐
☐

DISEASE NAME	STARTING DATE	OUTCOME DATE	OUTCOME
SUSPICION OF A GASTRIC ULSER	09.11.1999		
DIABETES	28.09.2000		

ALL CLEAR

OK

CANCEL

FIG. 15

MEDICAL CONSULTATION DATE SELECTION SCREEN

MEDICAL CONSULTATION DATE SELECTION

MEDICAL CONSULTATION DATE SELECTION

SELECTION	FIRST MEDICAL TREATMENT RECEIVING DATE	SECOND MEDICAL TREATMENT RECEIVING DATE, AND OTHERS
<input type="checkbox"/>	07.09.1999	
<input type="checkbox"/>		05.10.1999
<input type="checkbox"/>		09.11.1999

ALL CLEAR

OK

CANCEL

FIG. 16

TEST RESULT SELECTION SCREEN

period specification

10.11.1999

23.10.2000

RETRIEVAL

TEST RESULT SELECTION

GROUP	ITEM	20.01.00	13.01.00	06.01.00	28.12.99	22.12.99	15.12.99	08.12.99	01.12.99
HEMATOLOGICAL TEST	LEUKOCYTE	6000							
	CORPUSCLE	580							
	HEMOGLOBIN	11.0							
	THROMBOCYTE	14.5							
	MCV	100							
	MCH	29.0							
	MCHC	32.3							
BIO-CHEMICAL TEST	SERUM	170	152	100	155	130	130	135	162
	TTT	3	3	1	3	3	3	3	3
	ZTT	125	10	120	125	10	105	10	108
	GOT	32	30	42	60	30	39	36	28
	GPT	38	35	40	38	35	38	32	28
	LDH	300	410	300	410	300	452	150	355
	ALP	250	300	222	200	250	250	250	280

ALL SELECT

ALL CLEAR

OK

CANCEL

FIG. 17

DATE INFORMATION INPUT DIALOG SCREEN

DATE INFORMATION INPUT DIALOG

DESIGNATED DATE 23.10.2000

OCTOBER, 2000

SUN	MON	TUE	WED	THU	FRI	SAT
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
22	22	22				

OK

CANCEL

FIG. 18

IMAGE SELECTION SCREEN

SELECTING (AN) IMAGE(S)

SELECTION

☐
☐

VIEW

ICON

ICON

TYPE

X - RAY

X - RAY

COMMENT

CHEST

CHEST

DATE OF TEST

11.11.1999

11.11.1999

TYPE

jpg

jpg

OK

CANCEL

FIG. 19

DOCUMENT SELECTION SCREEN

DOCUMENT SELECTION

DOCUMENT LIST

VIEW	TYPE	COMMENT	DATE OF WRITE	WRITER	ISSUE / RECEIVE	TYPE
ICON	LETTER OF REFERRAL	ASTHMA	11.11.1999	Dr. SATO	ISSUE	DOC
ICON	MEDICAL CERTIFICATE	ASTHMA	11.11.1999	Dr. SATO	ISSUE	TXT

☐ ☐

OK CANCEL

FIG. 20(a)

BROWSER SCREEN (CLINIC SIDE)

CONTENTS OF INQUIRY MAIL			
ADDRESS <input type="text" value="c:/dimms/data/sousin/atemp/index.htm"/>			
CONTENTS OF INQUIRY BASIC DATA			
ADDRESSEE		Dr.'s NAME <input type="text" value="Dr. SUZUKI"/>	
MEDICAL INSTITUTION <input type="text" value="NAGOYA HOSPITAL"/>		Dr.'s NAME <input type="text" value="Dr. SATO"/>	
PATIENT INFORMATION			
NAME IN SYLLABLE <input type="text" value="I-wa-ta Ta-da-shi"/>	DATE OF BIRTH <input type="text" value="05.05.1930"/>	OCCUPATION <input type="text" value="NONE"/>	
NAME <input type="text" value="IWATW Tadashi"/>	AGE <input type="text" value="71"/>	SEX <input type="text" value="MALE"/>	
INQUIRING		COMMENTS	
SUBJECT		About the cloud at the right chest of the photo, lung cancer is suspicious. The clinical history and the chest X-ray photograph image data are attached hereto. Please give us your opinion on our diagnosis.	
CHIEF COMPLAINT		Others	
PRESENT ILLNESS			
PROGRESS			
SENT FROM			
MEDICAL INSTITUTION <input type="text" value="SATO CLINIC"/>	PHONE <input type="text" value="0565-32-6548"/>	Dr.'s NAME <input type="text" value="Dr. SATO"/>	
SPECIALITY <input type="text" value="INTERNAL MEDICINE"/>	ADDRESS <input type="text" value="2-11, oote 2-chome, higashi-ku, toyota-shi, aichi 460-0213"/>		
DATE OF WRITING <input type="text" value="09:51:25/29.06.2001"/>			
BASIC DATA		DISEASE HISTORY	
		TEST RESULT	
		IMAGE	

FIG. 20(b)

CONTENTS OF REPLY MAIL						
ADDRESS c:/dimms/data/sousin/atemp/index.htm						
REPLY HISTORY						
DATE AND TIME OF REPLY						
09:55:04/29.06.2001						
09:55:34/29.06.2001						
09:56:12/29.06.2001						
CONTENTS OF REPLY BASIC DATA						
ADDRESSEE						
MEDICAL INSTITUTION	SATO CLINIC	Dr.s' NEME	Dr. SATO			
PATIENT INFORMATION						
NAME IN SYLLABLE	I-wa-ta Ta-da-shi	DATE OF BIRTH	05.05.1930	OCCUPATION	NONE	
NAME	IWATW Tadashi	AGE	71	SEX	MALE	
INQUIRING						
SUBJECT	Please give us your opinion on our diagnosis of this disease.					
ANSER	Early removal of the affected part is required.					
SENT FROM						
MEDICAL INSTITUTION	NAGOYA HOSPITAL	PHONE	052-204-3588			
ADDRESS	2-11, Doi 2-chome, Higashi-ku, Nagoya-shi, Aichi 468-2983					
SPECIALTY	INTERNAL MEDICINE	Dr.s' NEME	Dr. SUZUKI			
DATE OF WRITING	09:51:25/29.06.2001					
REPLY MESSAGE			DOCUMENTS / IMAGES		BASIC DATA	

INQUIRY/REPLY MAIL LIST SCREEN (HOSPITAL SIDE)

HOSPITAL - CLINIC LINKAGE SYSTEM (HOSPITAL SIDE)					
	PATIENT NAME	SUBJECT	MEDICAL INSTITUTION NAME	INQUIRER / REPLIER	SENDING DATE AND TIME
RECEIVING	IWATA Tadashi	About Symptoms Of Diabetes	SATO CLINIC	Dr. SATO	09:56/22.06.01
SENDING			NAGOYA HOSPITAL	Dr. SUZUKI	10:01/22.06.01
RECEIVING	KUMAGAI Tomoko	Confirmation Of Test Results	SATO CLINIC	Dr. SATO	09:58/22.06.01
SENDING			NAGOYA HOSPITAL	Dr. SUZUKI	10:01/22.06.01
RECEIVING	UENO Hiroko	Confirmation Of Electrocardiogram	SATO CLINIC	Dr. SATO	10:02/22.06.01
RECEIVING	IWATA Tadashi	About This Patient	SATO CLINIC	Dr. SATO	10:32/27.06.01

FIG. 22

SENDING DATA CREATION SCREEN(HOSPITAL SIDE)

TO

MEDICAL INSTITUTION

SATO CLINIC

DOCTOR NAME

Dr. SATO

SPECIALTY

internal medicine

FROM

MEDICAL INSTITUTION

NAGOYA HOSPITAL

ADDRESS

2-11, Doi 2-Chome, Higashi-Ku,
Nagoya-Shi-Shi, Aichi 468-2983

PHONE

052-204-3588

DOCTOR NAME

Dr. SUZUKI

SPECIALTY

internal medicine

ORIGINAL INQUIRY

FILE ATTACH

REPLYING DATA CREATION

PATIENT DATA

NAME

IWATA Tadashi

NAME IN SYLLABLE

I-wa-ta Ta-da-shi

DATE OF BIRTH

05.05.1930

OCCUPATION

NONE

SEX

MALE

AGE

71

MALE

SUBJECT

Please give us your opinion on our diagnosis of this disease.

CONTENTS

Early removal of the affected part is required. Please check the attachment data and take action accordingly.

CONTENTS VIEW

SEND

CANCEL

FIG. 23

ATTACHED DATA SELECTION SCREEN (HOSPITAL SIDE)

ATTACHED DATA SELECTION

LIST OF ATTACHED DATA

SELECTION	TYPE	COMMENT	DATE	TYPE	EDITING
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					

NEW DOCUMENT IMAGE CLOSE

FIG. 24

ATTACHED DATA SELECTION SCREEN (HOSPITAL SIDE)

ATTACHED DATA LIST

SELECTION	TYPE	COMMENT	DATE	TYPE	EDITING
<input type="checkbox"/>	X-RAY	CHEST	09.11.1999	jpg	WANGIME.EXE
<input type="checkbox"/>	X-RAY	CHEST	09.11.1999	jpg	WANGIME.EXE
<input type="checkbox"/>	CT	CHEST	09.11.1999	jpg	WANGIME.EXE
<input type="checkbox"/>	CT	CHEST	09.11.1999	jpg	WANGIME.EXE
<input type="checkbox"/>	MEDICAL CERTIFICATE	3 DAYS OFF	09.11.1999	rtf	WORDPAD.EXE
<input type="checkbox"/>	LETTER OF REFERRAL	DOCUMENT INPUTTED	19.10.2000	bmp	PBRUSH.EXE
<input type="checkbox"/>	LETTER OF REFERRAL	LETTER OF REFERRAL WITH DISEASE CONDITION	19.10.2000	tiff	WANGIME.EXE

NEW image document CLOSE

FIG. 25

ATTACHED DATA LIST SCREEN (HOSPITAL SIDE)

ATTACHED DATA LIST

SELECTION	TYPE	COMMENT	DATE	TYPE	EDITING
<input type="checkbox"/>	X-RAY	CHEST	09.11.1999	jpg	WANGIME.EXE
<input type="checkbox"/>	X-RAY	CHEST	09.11.1999	jpg	WANGIME.EXE
<input type="checkbox"/>	CT	CHEST	09.11.1999	jpg	WANGIME.EXE
<input type="checkbox"/>	CT	CHEST	09.11.1999	jpg	WANGIME.EXE
<input type="checkbox"/>	MEDICAL CERTIFICATE	3 DAYS OFF	09.11.1999	rtf	WORDPAD.EXE
<input type="checkbox"/>	LETTER OF REFERRAL	DOCUMENT INPUTTED	19.10.2000	bmp	PBRUSH.EXE
<input type="checkbox"/>					

NEW

image

document

CLOSE

FIG. 27

ATTACHED DATA LIST SCREEN (HOSPITAL SIDE)

ATTACHED DATA LIST

ATTACHED DATA LIST

SELECTION	TYPE	COMMENT	DATE	TYPE	EDITING
<input type="checkbox"/>	X-RAY	CHEST	09.11.1999	jpg	WANGIME.EXE
<input type="checkbox"/>	X-RAY	CHEST	09.11.1999	jpg	WANGIME.EXE
<input type="checkbox"/>	CT	CHEST	09.11.1999	jpg	WANGIME.EXE
<input type="checkbox"/>	CT	CHEST	09.11.1999	jpg	WANGIME.EXE
<input type="checkbox"/>	MEDICAL CERTIFICATE	3 DAYS OFF	09.11.1999	rtf	WORDPAD.EXE
<input type="checkbox"/>	LETTER OF REFERRAL	DOCUMENT INPUTTED	19.10.2000	bmp	PBRUSH.EXE
<input type="checkbox"/>	MANUAL INPUT	ADDED DATA		bmp	PBRUSH.EXE

NEW

image

document

CLOSE

BROWSER SCREEN (HOSPITAL SIDE)

FIG. 28(a)

CONTENTS OF INQUIRY MAIL

ADDRESS c:/dimms/data/sousin/atemp/index.htm

CONTENTS OF INQUIRY BASIC DATA

ADDRESSEE

MEDICAL INSTITUTION NAGOYA HOSPITAL

Dr's' NEME Dr. SUZUKI

PATIENT INFORMATION

NAME IN SYLLABLE I-wa-ta Ta-da-shi

DATE OF BIRTH 05.05.1930

OCCUPATION NONE

NAME IWATW Tadashi

AGE 71

SEX MALE

INQUIRING

SUBJECT

CHIEF COMPLAINT

PRESENT ILLNESS

PROGRESS

COMMENTS

OTHERS

SENT-FROM

MEDICAL INSTITUTION SATO CLINIC

PHONE 0565-32-6548

Dr's' NEME Dr. SATO

SPECIALITY INTERNAL MEDICINE

ADDRESS 2-11, oote 2-chome, higashi-ku, toyota-shi, aichi 460-0213

DATE OF WRITING 09:51:25/29.06.2001

BASIC DATA

MEDICAL HISTORY

DISEASE HISTORY

TEST RESULT

IMAGE

About the cloud at the right chest of the photo, lung cancer is suspicious. The clinical history and the chest X-ray photograph image data are attached hereto.
Please give us you opinion on our diagnosis.

Please give us your opinion on our diagnosis of this disease.
Chief complaint: Chest pain for a month (strong)
Present illness: None
The initial pain has been feeble and continued for these 6 months or so. The pain with chest squeeze has been increasingly growing.

FIG. 28(b)

CONTENTS OF REPLY MAIL			
ADDRESS <input type="text" value="c:/dimms/data/sousin/atemp/index.htm"/>			
<div> <div>REPLY HISTORY</div> <div>DATE AND TIME OF REPLY</div> <div>09:55:04/29.06.2001</div> <div>09:55:34/29.06.2001</div> <div>09:56:12/29.06.2001</div> <div>NOT YET SENT</div> </div>			
CONTENTS OF REPLY BASIC DATA			
ADDRESSEE		MEDICAL INSTITUTION <input type="text" value="SATO CLINIC"/>	
		Dr.s NEME <input type="text" value="Dr. SATO"/>	
PATIENT INFORMATION			
NAME IN SYLLABLE <input type="text" value="I-wa-ta Ta-da-shi"/>		DATE OF BIRTH <input type="text" value="05.05.1930"/>	
		OCCUPATION <input type="text" value="NONE"/>	
NAME <input type="text" value="IWATW Tadashi"/>		AGE <input type="text" value="71"/>	
		SEX <input type="text" value="MALE"/>	
INQUIRING			
SUBJECT <input type="text" value="Please give us your opinion on our diagnosis of this disease."/>			
ANSER <input type="text" value="Early removal of the affected part is required."/>			
SENT-FROM			
MEDICAL INSTITUTION <input type="text" value="NAGOYA HOSPITAL"/>		PHONE <input type="text" value="052-204-3588"/>	
ADDRESS <input type="text" value="2-11, Doi 2-chome, Higashi-ku, Nagoya-shi, Aichi 468-2983"/>			
SPECIALITY <input type="text" value="INTERNAL MEDICINE"/>		Dr.s' NEME <input type="text" value="Dr. SUZUKI"/>	
DATE OF WRITING <input type="text"/>			
REPLY MESSAGE		DOCUMENTS / IMAGES	
BASIC DATA			

FIG. 29

DATABASE (SENT/RECEIVED DATA, HOSPITAL SIDE)

MAIL ID	MESSAGE ID	MESSAGE TYPE	REPLY FLAG	MESSAGE STATUS	SERIAL NUMBER	LATEST FLAG	INQUIRY SEND TIME
1	TANAKA CLINIC 010610	1	2	1	1	1	
2	TANAKA CLINIC 010610	2	2	1	1	1	
3	ITO CLINIC 010611	1	2	1	1	1	
4	TANAKA CLINIC 010611	2	2	1	1	0	
5	TANAKA CLINIC 010611	2	2	2	2	1	

MAIL ID (AUTO NUMERING)

MESSAGE STATUS (1:READ, 2:NOT READ, 3:SENT)

MESSAGE ID (TEXT TYPE)

SERIAL NUMBER (SERIAL NUMBER OF DOCUMENT)

MESSAGE TYPE (1:INQUIRY, 2:REPLY)

LATEST FLAG (0:NOT LATEST, 1:LATEST)

REPLY FLAG (1:NOT REPLY, 2:REPLIED)